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# CALIFORNIA MEDICAL JOURNAL

A Monthly Devoted to the Advancement of  
**MEDICINE, SURGERY AND THE COLLATERAL SCIENCES**

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Vol. XV

AUGUST, 1894.

No. 8.



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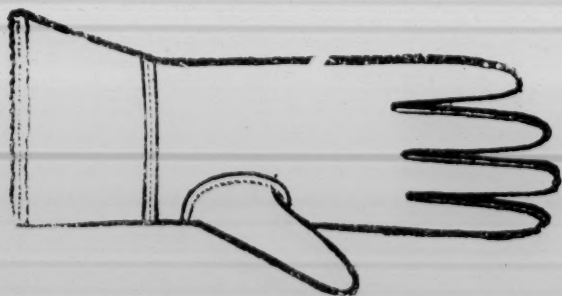
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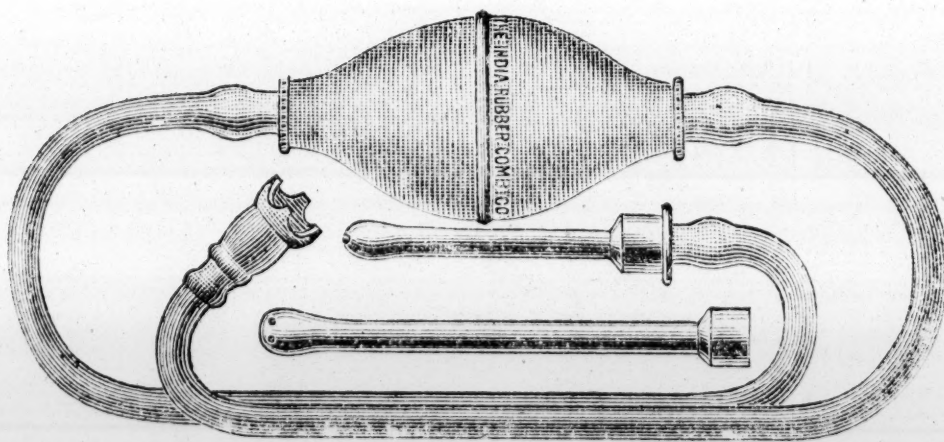


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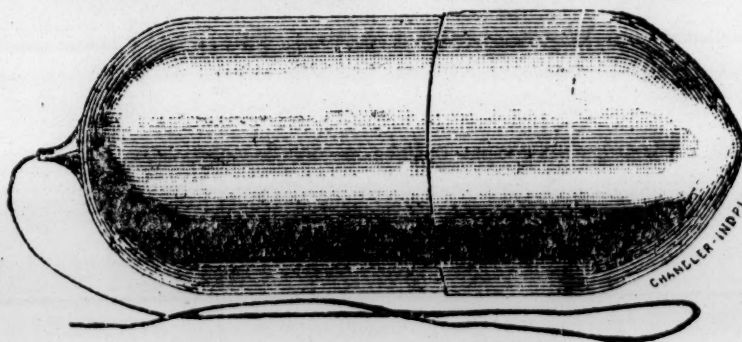
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## *Original Communications.*

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### **Calopractic Surgery—No. 3.**

(Gr. *kalos*, beautiful, and *prassein*, to make.)

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Lectures by PROF. GERE, California Medical College, Intermediate Course, '94

A clear, smooth, elastic skin is essential to good looks and perfect health, and although consideration of special diseases of the skin belongs to a separate department of medicine or surgery, yet a few general remarks may be of value in this connection. Aside from the exanthemata, accidental injuries and specific infection, most skin diseases arise from imperfect assimilation of food. We should always bear in mind that the skin is one of the most extensive and important organs of excretion and it can, and often does, take upon itself temporarily the work of the kidneys, bowels and even of the liver and lungs, to some extent, in ridding the body of offending excretive material. Total suppression of the action of the skin will produce death more quickly and certainly than of the liver, bowels or kidneys; therefore if the skin is clogged with the products of imperfectly digested food and fails to perform a part of its duty, the effect on the system is injurious, while the irritating material lodged in its substance causes disease of the skin itself. So also lack of cleanliness permits the skin to become clogged with dust and dirt mixed with its own dried secretions. It is true that vigorous exercise or any method of producing free



perspiration will sluice out the obstructed channels—this is nature's bath applied from within—and may keep the skin in fair working order. but more or less of the *debris* is deposited on the surface, with saline matter left by evaporation of the watery part of the perspiration, it is better to wash it entirely away lest the irritating material provoke itching and eruptions. In the absence of water, dry rubbing or *massage* may answer to mechanically remove the deposit.

Excessive bathing is not advisable, particularly if soap is used, for then too much of the natural protective—the epidermis and oily secretion of the sebaceous glands that give the skin its smooth satiny finish—is scrubbed away and the skin is likely to become too dry and inelastic. It is true that oil or fat may be applied to overcome this condition but it catches dirt, gets sticky, and is except to savages, generally unpleasant. Except in some particular occupations or special conditions, once or twice a week is sufficiently often to take a general bath. To sum up, then, reasonable attention to diet, digestion, cleanliness and exercise suffice, in ordinary cases, to acquire and retain a healthy skin, which may not be a pleasure to wear, but to become acquainted with, when worn by others. Some cases of *discoloration* of the skin, either general or local, while not actually diseases of that organ, yet may require medical or surgical treatment in addition to the hygienic measures just mentioned. A common cause of brownish, yellowish, or greenish discoloration of the skin, is the deposit therein of the coloring matter of bile when absorbed by the blood, and the skin attempts its vicarious excretion. This condition commonly known as *jaundice* may occur from obstruction of the bile duct by catarrhal swelling, impacted gall stones or pressure of growth &c., when the normal bile is directly absorbed by the hepatic veins under pressure. Some cases perhaps, are caused by an excessive secretion of bile, particularly if accompanied by constipation, when more bile is furnished than can be disposed of in the natural manner,



some of it being then taken into the blood unchanged. Again there may be a change in the composition of the bile rendering it incapable of its usual metamorphosis and appropriation as an aid to digestion. In the first instance sedative, tonic or astringent remedies as hydragastis, bismuth or carbolic acid may be required to relieve the catarrhal inflammation, or olive oil, phosphate of soda or sulphuric ether to soften obstructive gall stones, or these may perhaps demand a surgical operation for their removal, as also may compressing tumors, abscesses, etc. If an excessive amount of bile is furnished, a purgative generally answers to carry off the surplus by way of the bowels, and is also likely to check the secretion. In the last of the before mentioned causes the remedies known as *alteratives*—of which chionanthus virginica, iris versicolor and euonymus atropurpureus are perhaps the most valuable—may be able to re-establish the normal quality of the secretion. Many cases of discoloration, however, arise from grave organic, or malignant disease, in which medication or operation is of no lasting benefit. The prolonged use of metals, and metallic salts, as arsenic, etc., may darken the skin, but the effect usually passes away after the drug is withdrawn. Nitrate of silver has the most disagreeable effect, as the blue or purplish hue produced by the long continued use of this remedy is indistructible by any ordinary means. This is owing to the fact that particles of metallic silver are deposited in the deeper or papillary layer of the skin, instead of the *rete mucosum* or pigmentary layer, hence are out of reach of blisters or chemicals, not destructive to the entire skin. Localized patches of discoloration may be due to irregular deposit of bile pigment, etc., but as a rule, are caused by excessive accumulation of the coloring material of the blood (*hæmatin*), which is deposited in consequence of some continued local hyperæmia, or congestion as occurs in repairs or injury, or in connection with varicose veins or itchy spots, prurigo or, perhaps, as a result of exposure to sun or wind, as cases of sunburn, tan and freckles.



It is not always sufficient to remove the exciting cause in these cases, for the stain often persists indefinitely without local treatment in addition to the first indication. Among the remedies which have been employed to stimulate absorption of the coloring matter are alkaline lotions and soaps, iodides, vegetable acids, bichloride of mercury solution, electrolysis, friction and solution of chromic acid applied carefully to small areas in succession.

*Freckles* are so common and productive of so much annoyance, to ladies especially, that we may devote special attention to consideration of these blemishes. They are often termed *lentigines* or *lenticulæ* from resemblance to the lentil, by others they have been named *ephelides*, though *ephele* (*gr. epi.*—upon or due to and *helios*, the sun) properly signifies sunburn or tan due to the stimulus of light or heat (*ephele solaris.*—*e.*—*ignis*) as it may be caused by fire. The Germans name the latter *sonnenfleckle* and the freckles *sommerfleckle* or *sommersprossen* because they occur most frequently in summer. Freckles vary in tint from yellow to olive in blondes, and from brown to black in brunettes. I have observed in cases of women in whom a slight admixture of African blood was suspected, very large freckles (probably confirming the suspicion) badly disfiguring the face. Though freckles occur mostly on exposed surfaces, yet in favorite subjects they may be found under the clothing and are then known as cold freckles. Those persons whose skin is most sensitive and delicate, as women and children, are most subject to freckles. Some claim them to be constitutional and inherited, but I do not agree to this proposition. As a prophylactic to freckles or tan, bright sun or electric light should be avoided, also strong heat or wind, as these are productive of local hyperæmia, and hence stimulate the deposit of pigment of freckles in fair or thin skins, and as tan in dark persons, this last case may be considered as one large or universal freckle. In thick opaque skins there is not much apparent effect as the coloring matter does not show through the superficial



layers. For ladies who wear veils it is advised that they use red instead of other colors, as that shuts off the blue and yellow rays, the latter particularly being supposed to excite freckles, while this theory may not be correct, yet the remedy is easily tested. For my part I would not advise shutting out any except excessive brilliant sunlight or strong winds, as the beneficial effects of free air and sunshine invigorating the general system more than offset a little extra tan. The coloring matter will be gradually removed by absorption, if the exciting cause be no longer present, but when it is thought necessary to hasten the process, we may resort to soaps, ointments, or lotions as previously mentioned. Equal parts of lactic acid and glycerine is a good application in many cases, and a very popular wash is made of lemon juice, glycerine and cologne water; a still more effective lotion is composed of two grains of corrosive sublimate to an ounce of cologne, this should be applied carefully to avoid getting into the eyes or mouth as it is very irritating to delicate membranes, or the corrosive sublimate may be mixed in almond emulsion; a still more powerful preparation which may be required for large dark freckles is corrosive sublimate collodion containing four per cent of the mercurial salt, this should be applied only to the spot, not to the entire surface, it causes some burning for a time, but may be repeated daily for a few days when the crust falls off with the epidermis. Carbolic acid is also used in the following manner—the skin is washed, dried and stretched between two fingers of the left hand, then the freckle touched with a drop of acid, which is allowed to dry on the skin, this turns white and burns for a few minutes, the scale falls off in a week or so leaving a red spot which soon becomes of natural color. Following are a few “favorite formulas,” selected from various sources:

R

White Precipitate	-	-	-	3j
Subnitrate of Bismuth-	-	-	-	3j
Glycerite of Starch	-	-	-	3jv

M Sig.—Every second day apply a coating of this preparation to the freckles.



According to the *Medical Bulletin*, the freckles that often annoy women of fair complexion may usually be removed by the careful application of a small piece of the ointment of the oleate of copper at night upon retiring. The copper ointment should be prepared by dissolving one drachm of the salt in sufficient oleo-palmitic acid to make a soft ointment.—

℞

Chloride Ammon.	-	-	-	3j
Hydrochloric Acid	-	-	-	3jss
Glycerine	-	-	-	3j
Lait virginal (French cosmetic, prepared by dropping alcoholic tr. Benzoin into water until the mixture becomes perfectly white)	-	-	-	3jss

M Sig—Apply to freckles morning and evening with camels hair brush.

By Dr. Rohe, Baltimore, Md.

℞

Sodii boratis	-	-	-	3ij
Potassii chlorat.	-	-	-	3j
Glycerini	-	-	-	3ss
Sp. vini rectific	-	-	-	3ij
Aquæ rosæ	-	-	q. s. ft.	3vj

M Sig—Apply with a soft sponge several times a day.

The following is said to answer the purpose:

℞

Sal-ammoniac (powdered)	-	-	3j
Distilled water	-	-	Oj
Eau de cologne	-	-	fl. 3ij

M Sig—Apply with the fingers night and morning.



## Home Grown Remedies.

BY JOHN FEARN, M. D., Oakland, Cal.

Read before the Alameda County Eclectic Medical Association, June 16.

From long observation I often think that articles of the materia medica coming to us from foreign lands, adorned with almost unpronounceable names, and sold at high prices, have a fictitious value put on them because of this foreign production and high price.

I am of the opinion that our own indigenous wild and cultivated vegetable remedies, would well fill all our wants for remedies of this class. But because they are cheap, plentiful and *natives*, they are over-looked and neglected in the mad race for that which is *foreign* and *exotic*. In the past the terms in our medical colleges have not been sufficiently long to take up the study of systematic botany. It is true every physician by taste and intellectual make-up, is not so constituted as to be capable of becoming a scientific botanist; yet as the time requisite for graduation is being lengthened it seems as though it would be a good thing to add the study of botany to the usual curriculum.

While laying no claims to being a botanist in the scientific sense of the word, yet, to me, it has always been one of the purest pleasures, one of the most ennobling recreations, to watch the plants as they shoot from the breast of mother earth, by the unseen powers of sun and wind and dew and rain, lifting themselves upward, extending to limb here, shaking out leaves there, and crowning all with flowers which in their radiance surpass the glory of King Solomon and a fragrance, which in its subtleness, defies the powers of man to reproduce. What an inspiration there is in the thought that beyond their beauty and fragrance, there is in these plants a potency able to challenge the onward progress of disease or stay the insidious approach of death.

With the hope that I may stimulate study in the direc-



tion of home remedies let me call your attention to a few of them:

**Thuja Occidentalis**—Arbor vitæ, Nat. order conferæ, growing wild in the U. S., also cultivated in gardens for shrubbery. The well-cared for tree of the garden surpassing in neatness and beauty that growing wild.

Thuja Oc. is not a new thing in medicine, we have a record of its being used to combat the ills to which flesh is heir for over 200 years. Hahnemann deserves the credit of calling special attention to this drug. Our friends the Homœopaths have studied this remedy diligently, and have done much to establish its place as a curative power in the Materia Medica. In Hughes' Pharmacodynamics will be found a paper replete with interest on this drug. Also see an interesting article in *Burts' Physiological Materia Medica*. The Homœopaths have proved its principle action to be on the generative organs, arms and skin; to which I would add the mucous membranes.

The first written account of this drug in our own school that I know of is in the E.M. J. for 1862. But to the late Prof. A. J. Howe, more than any other man in our own ranks, belongs the credit of awakening interest in Thuja. I believe his first contribution on this subject was in 1880; page 331, E. M. Journal. Since then he has written much and lauded the remedy so highly that some thought he was praising it too much. But the fact is Thuja is a *grand remedy*, and we will devote a little time now to the special therapeutics of the drug. Its properties are stimulant, antiseptic and in small doses internally very soothing to the whole urinary tract.

In amenorrhœa from pelvic atony it has long been used, and like the other terebinthinates by increasing blood supply to the pelvic viscera, it may form part of a successful treatment,

Urethritis, specific or otherwise, in balanitis from cystitis with frequent calls to urination, the urine in passing scalds



and burns, there is local soreness at the head of the penis, or neck of the bladder, or it may be in the whole course of the urethra. The patient has to arise from bed to urinate, the bladder tolerates but little urine; the lips of the meatus are sometimes everted and red, this soreness extending to the prepuce. In all these cases the 2x or 3x dilution may be poured upon the No. 6 sugar disks, and one may be taken every hour for awhile then less frequently. A few days ago I gave in a case of urethritis the fraction of a drop of spec. Thuja for a dose, all the symptoms were made worse immediately. I then reduced the strength giving it much weaker, to the patient's great comfort. Given in these small doses, it acts very much like cantharides given the same strength.

In enlarged prostate with irritation this remedy can be given in the same small doses. Prof. Howe believed that it will reduce the size of the hypertrophied gland. This I have not proved; but that it will reduce the anguish and frequency of micturition in these cases, and by overcoming acute troubles prevent chronic wrongs, I am persuaded is a fact.

In cases of verruca, syphilitic, or otherwise, about genitalia or rectum, it can be used with advantage—where the growths were dense, I should certainly use stronger escharotics first, following up by applying to the parts tincture of Thuja, and giving internally in one or two drop doses, this to prevent recurrence. I do not think it always a specific for figwarts or condylomata. The case I would select would be where the excrescences are sensitive, and are moist with a foul smelling secretion. Sometimes we see on a small scale the same looking tags, and enlarged papillæ also, where we have obstinate ulcerations in the throat, and in cases of stubborn facial eruptions looking sycotic in character. All these cases may be swabbed with spec. tincture of Thuja and sensible doses of the drug be taken internally.



In the rectum, Prof. Howe advises, its use in vascular rectum, where from paralysis there is a bulging of the lower segment amounting almost to prolapsus. The parts may be bathed with the remedy and a suitable dilution may be injected into the lower bowel, or hypodermically into a suitable part. From experience with the drug I believe it to be good used in this way. It not only puckers and astringes for the time being, but by its stimulating properties it gives a better life to the parts. In fissure of rectum I believe it would be good, though I have had no experience. In piles where there is much itching, I think this remedy with Hypocastinum Californicum made into a suppository promises great relief; taking the hypocastinum internally at same time.

In diseases of mucous membrane as in ulceration of the throat, syphilitic or diphtheretic, it is a good remedy applied with swab direct to the sloughing parts. I have used the specific Thuja, full strength, to ulcers back of the glans penis, and I regard it as a promising agent in healing these very intractable sores.

Prof. Howe extolled this remedy for the permanent cure of hydrocele. Carbolic acid, in my opinion, is just as sure to cure and almost painless—this latter cannot be said of Thuja.

In the early stages of Epitheliomatous growths it is a good remedy, and may prevent malignant trouble, applying locally twice a day. I have for some time been meditating making an unguent of this remedy to be applied to stubborn eczematosa, itching spots. I have partly been stimulated to this by Prof. Howe advancing its use in cases of trachomic lids, "granular conjunctivitis." This advice has been taken up, and cases of its successful use in this stubborn disease are multiplying—for this purpose the young tops and leaves may be cooked in vaseline, as it must be non-alcoholic. Lloyd makes an aqueous Thuja which can be used for this purpose.



In bulging *nævi* it has been used with such success as to prevent resorting to the ligature, applying it under pressure.

In *enuresis* it is a good remedy in certain cases; it is the case where we have paralysis, where we need a stimulant to the parts, one or two drops spec. Thuja on sugar may be given to a child on retiring; in cases of robust adults give five drop doses on retiring. If anaemic give Howe's acid tr. of iron during the day.

I have not exhausted my subject but as I wish to call your attention to others, I will leave for your investigation this branch of *Thuja Occidentalis*.

**Hypocastinum Californicum**—The nomenclature of plants on the Pacific Coast seems to be continually changing. The sample I present was till recently known as "Aesculus Californicum." But in talking with my friend the Pacific Coast botanist, Prof. J. G. Lemmon, he tells me I must now call it "Hypocastinum Californicum." There is no need for me to describe this beautiful tree. You have seen it along the creeks and in the canyons of this coast in the spring covered with magnificent bloom, or in the fall with its characteristic fruit, the Buckeye. The medical properties are tonic, astringent, antiseptic and narcotic. As a remedy in the treatment of piles, this drug has a well deserved reputation among Eclectic and Homœopathic physicians. Its principal seat of action is upon the mucous membrane and vascular supplies of the colon and rectum, also the throat, with perhaps a weaker tendency to relieve wrongs of the pelvic viscera in women. It will not relieve all cases of piles, but there are indications for which I can advise it as a very certain remedy. Let us note some of them. It is the case marked by portal congestion and constipation. The piles are often large, seeming to fill up the passage, they are not inclined to bleed but they are dry, there is much burning. Homœopathic writers say this remedy taken in poisonous doses will produce just such a condition of things we have just described.



Burt says the filaments of the motor nerves distributed to the colon and rectum are paralyzed, hence, the dryness. In some cases we have a like congestion with dryness and redness in the fauces and throat, there this remedy will do good.

General pelvic congestion with throbbing pain may be treated successfully with this remedy, especially when used in connection with the hot pack. Eclectic writers have frequently called attention to this remedy as an antihæmorrhoidal medicine, as though it were a veritable panacea for piles. It is not, but in the case indicated above it is a reliable remedy. My principle object in calling attention to it at this time, is to say that I believe that from the young leaves, shoots and ripe fruit we can make a better tincture than that which is made from the fruit only. At same time take coco butter medicated with the virtues of this same drug make into suppositories and use locally, and for this class of piles I know you have a successful treatment. The piles are cured and the whole nutrition of the part is improved.

(Specimen presented of flowers, leaves and stems of *Hypocastinum Californicum*.)

**Scrophularia Californica**—Nat. order Scrophulariaceæ Tribe Cheloneæ. There are a number of varieties of *Scrophularia* as *S. Nodosa*, *S. Marylandica* and this *S. Californica*. I believe their medicinal properties are very similar. The common name is figwort or carpenters' square, with others too numerous to mention. The one I have been most familiar with is the *Scrophularia Nodosa* of Europe; though from investigation so far made, in my opinion, both varieties are much alike in therapeutic properties.

This plant has figured in medicine for centuries. The name is derived from the doctrine of signatures, the roots of a number of the species having tuberos nodes, it was supposed the *Deity* intended them to be used as a remedy for scrofulous swellings, hence they called *scrophularia*. It



is one of the agents that increases waste, and can be used with advantage in scrofula, in syphilis, in skin diseases. Its action seems to be mainly upon the blood and glandular system, especially the lymphatic glandular system. In blood diseases as above, and in the perversion of the system generally known as *struma* it is a good remedy.

King, Goss, Scudder and Beach all speak of it in the highest terms; in fact, Beach in his great work calls it scrofula plant. Make a saturated tincture and give from fifteen to sixty drops. A very nice unguent can be made from this plant for use on old sores, piles, irruptive skin diseases, etc.

(Specimen of *Scrophularia Californica* presented.)

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### Medical Education.

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BY DR. J. BALL, San Francisco.

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The history of the human race proves conclusively that it is unwise and unsafe to confer special privileges upon any sect, class or profession in a community without, at all times, keeping a passage-way open by which any worthy member of the community, who feels so inclined and who becomes duly qualified, may join such privileged sect, class or profession.

The medical profession is a privileged class—that is to say, it is legally empowered to perform many acts which it would be unlawful for other persons to perform and for which they would be legally punished. Now, it would be unwise for themselves and unsafe to the community at large, to allow the medical profession to build up a wall—a legal barricade, so to speak—around themselves and shut out all but those whom they may be pleased to allow to enter their ranks.

There is a disposition on the part of nearly all classes, organizations, trades and professions to become exclusive and assume control of all the business in which they are



concerned. And up to a certain point this disposition may be indulged with perfect safety, but beyond this point it is not safe to allow any trade or profession to go.

Suppose, for instance, that all the trades concerned in building operations should form themselves into a protective association, what would be the inevitable result? They would limit the number of apprentices, shorten the hours of labor, and raise wages to such a degree that none but the rich could afford a house to live in. And what is the remedy for such an evil? Why, the right of the public to get somebody else to do its building. If a man can't get builders to build a house for him, he can get barbers or laborers or somebody else to do it, after a fashion, and by and by they will be able to build one as well as the builders themselves could.

The members of the medical profession have the same failings as the rest of humanity, and it would be very dangerous to endow them with too much power. A good many of them think there ought to be just so many colleges, and of a certain kind, and the number of students limited to a definite proportion of the population. Now, this seems all very well at first sight, but human affairs are never managed in any such way. In the first place, the doctor is not a disinterested judge as to the rights and requirements of the public in the matter. And it is the doctor that is made for the public, not the public for the doctor. A sick man has as much right to call in a hydropath or a magnetic healer as he has to call in an allopath or any other "path", to cure his disease.

Now, don't misunderstand me. I don't mean to say that the doctor has no rights in the matter, nor that the public is always the best judge of its needs and requirements; but neither the medical profession nor any trade organization has any right to say that the public shall employ none other than themselves.

What the medical profession has a right to do is to so fit



themselves for the duties which they are called on to perform, and to preserve such a standard of ability and rectitude amongst themselves as to command the respect of the general public; then the public will readily grant them whatever legal protection is necessary.

The only real difficulty in the matter is—how to prepare the student for the practical work of the physician. Evidently a merely classical education of itself will be of little use; though if it be already acquired, it may form a useful adjunct. Thus, the dead languages furnish a considerable number of the technical words used in medicine, but there is nothing in the etymology of the word *bacterium*, for instance, to lead the student to understand that it is applied to a living micro-organism. A good medical dictionary is the best guide in these matters, as all technical terms are restricted in their application, and must be so used regardless of their original meanings.

Undoubtedly a thorough knowledge of anatomy must form the foundation of any rational system of medical education. Too much stress cannot be laid upon this point, for a neglect of anatomical studies during the college course is never, with the average medical man at least, compensated for in after years. It is a curious and lamentable fact that the average student would trade off a ton of anatomical knowledge, if he could, for an ounce of prescription which would most likely be valueless. The further the student carries his anatomical researches the better for him, and the better also will it be for his patients.

Equally as important and more directly applicable to his every-day needs is a thorough knowledge of physiology. This science has been slighted; or, rather, it has never been appreciated at its real value by the faculties of medical colleges, and therefore does not occupy the prominent position it should in the collegiate course. Physiology is a progressive science. It treats of living matter in all its varying manifestations of life. This body of ours is derived from a



cell. is composed of innumerable cells, and is nourished and sustained according as each cell can obtain and assimilate its proper pabulum. Food and medicine are of value only as they influence the cells of which the body is made up.

How important must it be, then, for the physician to understand the structural formation and properties of these anatomical elements of the living body? How can he intelligently repair a machine unless he is well acquainted with its construction? It is apparent, therefore, that he must possess as perfect a knowledge as possible of cells—their nature, methods of propagation and development, and the causes of their perverted action and death.

Chemistry is another science of which the physician cannot know too much. Unfortunately, practical chemistry requires such skillful manipulation and such exactitude of procedure that it is impossible, except in rare cases, for the physician to be a practical chemist. But it is quite within his reach to obtain such a knowledge of this science as shall enable him to tell when the services of the chemical expert are necessary to supplement his own knowledge, and when they are not.

Skillful manipulation of the microscope is indispensable to the modern physician. It will reveal the nature and extent of pathological changes with a certainty that no other diagnostic means can approach.

Then there are the various chairs which furnish the student with the real knowledge which prepares him for the duties of the physician. And the number of professorships and specialties seems to be ever on the increase. We have chairs on Obstetrics, Gynecology, Surgery, Orthopedic Surgery, Theory and Practice of Medicine, Principles of Medicine, Materia Medica and Therapeutics, Nervous Diseases, Toxicology, Ophthalmology, Otology, Laryngology, Diseases of Children, Diseases of the Genito-Urinary Organs, Diseases of the Chest, Medical Jurisprudence, etc. And while all the knowledge upon these subjects that the student can



possibly obtain is absolutely necessary, there is danger in a multitude of subdivisions, of confusing the student and leading him to look upon disease as an entity to be treated by itself without reference to the patient—an error disastrous to both patient and physician alike. The diseases peculiar to women, for instance, belong mostly either to the surgeon or neurologist. And it seems to me that the English system of subordinating the work of the surgeon to that of the physician is an excellent one. A young man with a good knowledge of anatomy, and who has sufficient skill and nerve, may become an expert operator very early in his professional career. But where he can get the same fee for an hour's surgical work as he can for a week's or a month's medical treatment, he is very apt to use the scalpel in cases where it is uncalled for, and often with the most disastrous results to the patient.

No doubt specialists are necessary for some branches of medical practice; but the family physician should be the proper judge as to when their services are required.

Personal pride, self-interest and professional jealousy all contribute to the difficulty of making the medical profession an ideal one, and lifting its members above the common herd of humanity. But when patients are brought to understand that in cases of serious illness, either of themselves or of their families, if their own physician sees fit to call another physician in consultation, he is not necessarily acknowledging his inferiority to the one whose advice he seeks; and the physician himself ought to be humane enough to seek advice when he needs it for his patient's welfare, or to give the best advice he can when others seek it with the same end in view.

The medical student never lacks for advice from a moral standpoint anyway. But is it good policy for professors to preach on a plane they never practice themselves, and which they know cannot be lived up to by their hearers? You cannot *teach* a man nor a woman morality. There is often



too much time spent in this way by medical lectures which would be of more value to the student if devoted to medical subjects.

Other things being equal, that man will make the best doctor who enters the medical profession for the same reason that men enter other professions—*i. e.*, as a means of making an honorable livelihood, and because they have a liking for it.

The doctor has it in his power to do a great deal of good, and so has the carpenter or any other man who does his work honestly and intelligently; and there is no good purpose to be served by preaching to medical students a code of ethics which it would be impossible for them to live up to if they tried, and which would make them more than men if they succeeded.

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### Surgical Gynecology.

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BY C. E. CASE, M.D., Tacoma, Wash.

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To the editor California Medical Journal.

*Dear Sir:* Your esteemed favor of recent date asking me to write an article for the JOURNAL was duly received, and in response I send the following on Surgical Gynecology:

I have up to date performed a total of one hundred and eight abdominal operations with a record of one hundred and one recoveries and seven deaths.

Most of these operations were for pus tubes. Four have been hysterectomies; three were for ectopic pregnancies, and four were for vermiform appendix diseases. One of the hysterectomy operations was followed by death. All of the appendix cases recovered, as did also the cases of the extra-uterine pregnancy. As the operations were performed in the first months of pregnancy of course none of the "children" were "saved."

I have for the last few years given most of my attention to surgical gynecology, refusing whenever possible to per-



form any operation aside from this specialty. For the future, however, it is my intention to operate upon all suitable cases in general surgery as well as gynecological. I am actuated in this regard by reason of the treatment I receive at the hands of the so-called "regular" medical fraternity of this city. These "bombasts", rather than recommend gynecological patients to me for operation, endeavor to persuade such to go to some other city to be operated upon. The "dog in the manger" spirit of ye "regular" physician is no more strongly exemplified elsewhere than by these narrow minded medical men. I performed abdominal operations in this city for four or five years before any other physician here had the courage to attempt such work. I also made the first abdominal section for gunshot wound of the abdomen, and the only successful one. Also the only operations for extra-uterine pregnancy, amounting to three, and all successful. Notwithstanding these claims to professional recognition and assistance in my specialty of gynecology, I have not received any cases from them for operation, though I am frequently called upon to operate upon cases which they have attempted to operate on, but have been unsuccessful. Probably ere long I may have a case in general surgery which may be of interest to your readers, and if so I shall be pleased to report it.

I would like to report the following:

One year ago I was called to Portland, Oregon, to operate upon a lady for what was supposed by her physician to be an ovarian tumor, but which, upon examination, I found to be an enormous fibroid of the uterus.

I made the operation in the following manner: An incision was made extending from the ensiform cartilage to the pubes through the skin and linea alba. I then opened the peritoneum between two thumb forceps, large enough to insert the middle and ring fingers of my left hand, between which I cut the peritoneum with scissors to correspond with the incision through the abdominal wall.



The tumor was found universally adherent. Many of the vascular attachments, especially above where the omentum was adherent, were as large as the radial artery. Double ligatures of catgut were applied to these and they were cut between the ligatures. I succeeded, finally, in delivering the enormous tumor and forming a pedicle around which I applied a stout wire, and tightened it by means of the *serre-neud*. I then amputated the uterus an inch and half above the wire, removing the fibroid together with ovaries and Fallopian tubes. After burning out the cervical mucous membrane from above with a heated poker, and then tightened the wire still more. I then sewed the peritoneum with a continuous catgut suture, its whole length encircling the cervix uteri below the wire. A Kieth's glass drainage tube was placed just above the pedicle reaching down into Douglas' pouch, and through this hot salt water was passed into the peritoneal cavity, both for its cleansing and stimulating properties. The muscles (or more properly speaking, the linea alba) and skin were united by interrupted sutures of silk worm gut the whole length of the abdominal wound, except opposite the stump. A single silk worm gut suture was passed at the site of the drainage tube but left untied to be tied after the withdrawal of the drainage tube. A small piece of rubber dam was nicked and drawn over the shoulder of the drainage tube, the ends being fastened over a small wad of cotton with antiseptic safety pins. The line of suture was dusted with iodoform powder. A piece of iodoform gauze was wrapped closely around the stump. The usual antiseptic abdominal dressing of iodoform gauze, sublimate gauze and cotton applied and retained in place by broad adhesive straps, and the patient placed in bed surrounded by hot bottles.

She rallied splendidly from the operation. I remained with her day and night until she was out of danger. The drainage tube was removed at the end of forty-eight hours, at which time I tied the suture which had been inserted but



left untied at the site of the drainage tube. For the first twenty-four hours she was given stimulating and nourishing injections per rectum. At the end of this time flatus having passed from the bowels she was thereafter fed by mouth and a slight diarrhoea purposely established with the belief that possible danger of infection would thus be averted. The stitches were removed on the eighth day. The stump came away at the end of two weeks; the wire being frequently tightened in the meanwhile.

Dr. Haydon, of Portland, very skillfully administered the anesthetic. The operation was performed with the assistance of my wife, in the presence of Drs. Pilkington, Cohn and Aurbach.

The patient at the time of the operation was fifty-two years of age. At the time of her menopause she was examined by seven Portland physicians who diagnosed her case ovarian tumor. The tumor had grown very rapidly for the last six or eight years. "Change of life" evidently did not arrest the growth of her tumor. Several physicians have declared this to be the largest tumor ever removed from a woman in Portland.

A recent letter informs me that the patient is enjoying better health than for many years.

Four weeks ago I operated for tumor upon the wife of Dr. C. T. Patterson, a physician living about twenty-five miles from this city. The tumor weighed sixteen pounds. The doctor says he recognized the fact ten years ago that his wife had an ovarian tumor, but put off having her operated upon until she was almost killed by the growth. The adhesions were many and the operation was quite difficult to perform. Dr. Patterson administered the anæsthetic to his wife and Dr. Stratton, of Orting, very skillfully assisted me in the operation.

Dr. Patterson in a recent letter writes me as follows: "Gratitude does not express our deep feeling for the operation that you so skillfully performed on one whose life is



most dear to him who must soon lay his armor by and pass to the unknown, full of years. My wife suffered from the chloroform reaction, vomiting Monday and Tuesday. It did not cease entirely until Wednesday. Since then she has improved every moment. Many, many thanks to the good God who gave us such a skillful operator. Long may you live to relieve suffering humanity."

It should be stated that this operation, though highly successful, could not have been performed under more trying circumstances. I had to ride twenty-five miles through a hard rain—four miles and a half of which was a most horrid road through the woods. When I arrived at "Rustic Home," as the doctor has christened his residence up in the hills, I found it indeed "rustic." There were no doors between the rooms, and the kitchen, dining room and bed room were virtually one and the same room. It was late in the day when I reached the log cabin with a shake roof, and during the operation it was storming and so cloudy that at times it was quite dark. As I had never before met my patient I had no opportunity to prepare her for the operation as I usually do my patients by stimulants, saline cathartics, and intestinal antiseptics. Considering she is fifty-eight years of age she should have received a vigorous preparatory treatment. I think if she had had the usual preparatory course of treatment she would have suffered but little from the chloroform narcosis, and probably would not have vomited.

Again, I should have used ether instead of chloroform. In fact, I had the doctor commence with ether but I soon discovered that he was unfamiliar with the modern method of ether administration and so had him change the anæsthetic for chloroform. He very deftly handled the chloroform, however, and I want to compliment him in this article for his skill in the use of this drug.

I wish in closing to extend my best wishes for the continued prosperity of OUR JOURNAL, and shall try in future to



report anything occurring in my practice that is likely to be of general interest to the profession. Let us each add our mite, to the end that all may become better physicians and surgeons.

### Twins, With Death of One in Utero.

BY B. MYER, M.D., San Francisco.

*Editor of Journal:*

Allow me to make the following report of a case which I think is of sufficient interest to record:

In February last I was hurriedly called to see Mrs. L., age thirty-two; mother of four children. I found her with a free but intermitting uterine hæmorrhage and pains, showing a decided tendency to miscarriage as a result of a fall received a day or two after having first felt foetal movement. With considerable effort and time a miscarriage was prevented. Again in February, twice in March and in May I was called on the same mission, finding my patient in nearly the same condition as on my first call.

On the afternoon of June 13th, I was called to attend her in labor, and found her sitting in a chair, without yet having had a single pain. The usual questions elicited nothing unusual, other than that she had never had more than three pains at any confinement except the first. After waiting half an hour or more and no pains or other objective signs of labor appearing, I decided to return to my office, near by, during office hours and have them call me when needed. The patient objected to my going, saying that she knew it would not be long before she would need me, and that there would not be time to send for me then.

Inside of another half hour the first pain came on, and we barely had time to get her on the already prepared bed, when two pains followed in quick succession and a child was born. The abdomen remained large and tense, and



the uterus large. The patient not needing my services, I waited for pains to deliver what I supposed was another child, while I gave my attention to No. 1. After attending to this child and finding the mother comfortable and without having had any pain, I proceeded to examine her to account for her size, and finally decided to deliver the placenta, which to my astonishment was unusually large. Two cords were found about five inches apart at their attachment, and to one of them an amniotic sac, perfectly intact, containing a dead foetus with a small quantity of caceous matter but no fluid; the foetus very much flattened. It seemed to have died in utero at or about four and a half months, judging from its size and the history of the case; the portion of the placenta to which the cord of the dead foetus was attached had been torn loose from the uterine wall, had become thickened and had undergone fatty degeneration.

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### Send In Your Bills.

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Short accounts make long friends. Many physicians fail to present bills when due, thinking thus to attach friends and patrons closer to them, but this belief is a mistaken one. The man who owes you a large amount, long overdue, will cheerfully cross the street or turn a corner to avoid you. He cannot meet you without experiencing a sensation of shame at the thought of that unsettled score which develops, finally, into unspoken resentment and estrangement, leading to a change of physicians.

There never comes a time when it is easier to pay a bill than at its maturity, and the physician who renders his accounts promptly will not only be more prosperous, but more universally liked and respected.—*Medical Brief.*



## The Advantages of the Radical Operation for the Cure of Hydrocele.

BY ALFRED EICHLER, M.D., PHYSICIAN TO ST. MARY'S HOSPITAL, San Francisco.

Read before the San Francisco Eclectic Medical Society.

In the treatment of hydrocele most surgeons still employ the injection of some irritating substance, more or less diluted, into the sac, with the intention of thus obliterating the cavity and so securing a permanent cure. This plan is not always successful, and often a patient has to be subjected to this rather painful treatment several times. Therefore a number of surgeons have fallen back upon a rather old method of removing a hydrocele, viz., the incision of the sac and the suturing of the serous lining to the scrotal skin.

This method offers first of all the great advantage that the testes can be seen and in case of any disease (tumor, tuberculosis) removed at the time of operation—if the consent of the patient has been previously secured. The second advantage is that there is no relapse under any circumstances as the two serous surfaces are brought into close contact and by the agglutination thereof the sac is completely obliterated.

To further explain, however, I will first give the technique of the operation as it is ordinarily practiced and as I have performed it myself at different times.

The pubes and scrotum are thoroughly swabbed with hot water and soap, after the patient is under the influence of an anæsthetic; they are then shaved, repeatedly washed with a 1 per cent Lysol solution, and at last after sponging off with alcohol dried with a sterilized towel. An incision is then made over the front of the swelling, care being taken to divide the skin of the scrotum in one smooth cut about two to four inches long, according to the size of the hydrocele, so as to obtain a straight edge for the sutures. Then slowly layer after layer is incised until the last layer is reached, when the hydrocele is punctured, a director is in-



serted and the supervening tissues severed in the direction of the external incision. The hydrocele is now empty and the testicle lies open for inspection. The cavity is then washed with hot water and the most important part of the operation begins. If the sac is too large for suturing to the skin of the scrotum, *i.e.*, projects, which is always the case with large hydroceles, it will be best to remove sufficient to secure adaptation. The skin is then sutured to the tunica vaginalis in the shape of a buttonhole, and then both sides of the wound partly united by a few stitches, so that the serous surfaces come in contact as much as possible. One or more drainage tubes are inserted and the wound dressed anti-septically with gauze and cotton. Care should be taken that no urine contaminate the wound. A large piece of oiled silk or rubber tissue with an opening for the penis should complete the dressing.

Instead of making separate sutures for the buttonhole and the closing sutures I have recently made the following continuous catgut suture. Beginning at the upper end I would bring together the tunica vaginalis and scrotal skin of each side with a single tie, and then run a deep and a superficial continuous suture on the same needle until about one-half inch from the lower end of the incision when the drainage tubes are introduced and secured by passing the suture through it; then the balance of the wound is closed. The cavity is much more promptly closed and obliterated in this manner, as the serous surfaces come into broader contact. I remove stitches and drainage tube after four days, and dress as usual, having the patient wear a suspensory.

The advantages of this operation are, as already indicated, quite marked. In the first place, if the operation is aseptically done, there will be no reaction, no pain, and it will be perfectly safe. It will never need repetition, and there will be no double sacculated hydrocele, as sometimes occurs after the injection. There will be no sloughing, and but



very little orchitis if any at all. There is no working in the dark, and puncture of the testes or injury of the cord as is done at times by beginners in surgery, is strictly avoided.

The only methods which can compete with it are the injections of carbolic acid or iodine. Both are very painful (although some surgeons deny this); cause a severe orchitis, occasionally sloughing; take as much time for recovery as the more radical operation (four to six days); have nearly always to be repeated two to four times; are apt to cause toxic symptoms and collapse. Their only advantage lies in avoiding an anæsthetic, which may be of importance at times.

It should also be remembered that hydrocele at times co-exists with inguinal scrotal hernia; the importance of this operation in such a complication should not be underrated.

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DR. ANGELO DE BELLOMI, of Citta di Amandola, Italy, July 22nd, 1893, says: I am pleased to inform you of the successful results by the use of your Bromidia as hypnotic and sedative. I prescribed it for a lady suffering from severe vomiting due to pregnancy, and which threatened to cause abortion from denutrition. I have previously tried opium, chloroform, creosote, and oxolate of cerium, all without effect. I gave ten drops in a little sweet wine three times a day before meals. The vomiting ceased the first day, four days later I was able to discontinue the use of Bromidia, and now after a month there has been no return of the vomiting, and the patient is perfectly well.

I have found Bromidia excellent in delirium tremens accompanied by insomnia, also in the delirium of typhoid, and in bronchitis with neurasthenia following influenza.

In a case of chronic nephritis where all kinds of hypnotics, anti-neuralgics and analgesics had failed to give relief, Bromidia, in doses of a teaspoonful morning and evening, gave relief at once; and in a few days effected a complete cure. After such encouraging results, I am sure Bromidia has a brilliant future before it.



**THERAPEUTICS OF TRIONAL.** In an inaugural dissertation presented to the university of Freiburg Dr. Otto Bakofen gives an interesting review of the extensive literature of Trional, and calls attention to the unanimity that exists in the views of authors as to the excellent properties of this remedy. The advantages of Trional consist especially in its reliability and efficacy in those conditions of sleeplessness in which experience has shown it is most difficult to obtain permanent results. This applies more particularly to simple agrypnia and the insomnia of persons suffering from mental diseases or excitement due to alcohol. In cases of simple insomnia trional has already proved effective; while favorable testimony is more and more accumulating with reference to its utility in cases of alcoholic excitement which are known to be rebellious to the action of other hypnotics. Among mental disorders, even violent maniacal excitement has been successfully controlled for a prolonged period. The morphine and cocaine disease has also been treated with excellent results by Trional. Of especial note is the extremely favorable opinion expressed by Collatz on the ground of his personal experience with it in cases of cardiac affections. According to his observations patients suffering from serious heart lesions bear well the remedy even when continuously administered and experience considerable relief of the distressing symptoms. It should also be mentioned that Trinol acts in smaller doses than Sulfonal and also more promptly than the latter. Its use is rarely attended with after-effects, but these, if developed are less marked than those observed from Sulfonal, although the experience of the last few years has shown that with regard to both these drugs sequelæ always result from an improper method of administration and can be readily avoided. The conclusions deduced by Dr. Bakofen from his experiments on animals are that Trional is perfectly free from toxic effects when employed in medicinal doses and in the manner prescribed by competent clinical observers.



# THE \*CALIFORNIA\* MEDICAL \*JOURNAL.\*

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## *Miscellaneous.*

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### Therapeutic Notes.

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BY H. T. WEBSTER, M.D.

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**Therapeutics of Gall Stones**—The operation of opening the gall-bladder for the relief of cholo-lithiasis is becoming far too common. While this was one of the surgical novelties, it could be tolerated with considerable complacency, but when every surgical tyro considers a case of the kind his legitimate prey, and operates whenever he can find a patient confiding enough to permit the mutilation, it is time that remonstrance was made to such wholesale abuse of special privileges.

In this "heroic practice" the pertinent query might arise, who displays the heroism? Certainly not the operator, for he usually risks nothing but the patient's life, and nowadays this does not seem to require much nerve. As for the patient, he does not realize his position, or perhaps he would not be so ready to sacrifice himself upon such foolhardy occasion. Of course, I do not assert that the operation is necessarily fatal, but surgeons hardly ever report their unsuccessful operations—cemeteries hide many failures, that successes may be exploited.

There are those who assert, and with good cause, that cholo-liths may be readily dissolved in the gall-bladder. The proper remedy, properly administered internally, performs the required function, and does away with the opportunity of the abdominal operator.

Among the remedies which have been used, and that have maintained a reputation for that purpose, is chloroform;



and it is still a remedy worthy of trial in any case of the kind. If it should fail you, ask yourself if you have given it a persistent trial, and whether you are certain about your diagnosis. Many a remedy has been condemned upon a faulty diagnosis. Remedies have never been known to grow brains for the doctor, whatever failures they may have made for patients. Turpentine and ether have been recommended for the same purpose, but have hardly proven as efficient.

Olive oil justly maintains a reputation for the dissolving of gall-stones, and as a prophylactic against their formation. The philosophy of cure is yet to be learned, but one fact is worth a dozen theories or philosophies, unsupported. We will accept the clinical fact wherever we find it, and let the philosophy come in on a slow train, as it is not material for practical purposes, when it arrives. A good article must be used, and we must not forget that much, even of foreign importation, is sophisticated. Free use of the agent must be encouraged; there is hardly a possibility of using too much, and much fear that too little of the nauseating agent will be swallowed. Several weeks use should follow complete relief of an acute attack—several months would be better.

Beer has been lauded as a remedy for this purpose. Though not an advocate of the practice, and not familiar with any good results from it, I have been assured of its efficacy by authentic witnesses. I would not advise the doctor to practice this cure upon himself, for fear of a reaction on his patients. The remedy must be used freely and persistently.

Succinate of iron has been highly recommended in some quarters, both as a resolvent and a prophylactic. I know that the "highly recommended" proposition does not "go" in every instance, but if it can afford us a therapeutic hint why despise it? Dr. Buckler (*Medical Age*) recommends a hydrated succinate of peroxide of iron. The drug is thus held in suspension in impalpable form, and is permanent



when carefully manipulated. A reference to "Gall-stones" in the Clinical index to the Dynamical Therapeutic will furnish further light on this subject.

**Some Ear Remedies.**—It is a lamentable fact that the therapeutics of the eye and ear are almost entirely neglected by specialists in these lines. Thus is lost an opportunity for experience in a most valuable direction, and aid to other skillful resources is neglected, while the text-books of this class of practitioners are almost worthless to the general practitioner, who must resort to the very measures ignored by the specialist.

As a self protection then, the general practitioner must make a study of the therapeutics of the eye for himself, or abandon entirely his practice in this line. And there are many cases of eye and ear troubles which really belong to the general practitioner. If specialties in medicine continue to multiply, there will be little left for the general practitioner by and by.

There seems to be a prevailing opinion abroad, that there is little use of a knowledge of therapeutics in eye and ear specialties. The anatomy once learned, and the use of instruments, with a knowledge of refraction, and one is qualified to practice. It is this lamentable lack of knowledge of therapeutics on the part of the specialist which enables the obscure practitioner of general medicine, who is an investigator of drugs, to defeat the most skillful specialist occasionally, in the management of a case.

Apropos to this, I recall the case of a relative with whom I conversed in the East the past spring, who was totally blind only three years ago, and whose malady was pronounced hopeless, so far as a cure was concerned, by two prominent oculists, who now can see as well as ever, and who was cured by an ordinary general practitioner with internal remedies, and without a single local application, and without glasses or other aids often employed. Such



experiences, even though they be isolated, lead to the conclusion that a better knowledge of eye and ear therapeutics is desirable, and a little study by the common practitioner will not be out of place.

*Crocus sativa* (saffron) seems to possess an elective affinity for the ear, if the results of the investigations of Dr. Robert T. Cooper mean anything. He reports three cases treated with the remedy, every one differing in character from the others.

The first one described was that of a girl of sixteen, who had been struck a blow on the ear with a fist, eight years before. Since that time there had been a small discharging sinus, close to the commencement of the helix, and dipping into the meatus as deep as the commencement of the cartilage of the auricle. There was pain in the mastoid process and tinnitus, like the ringing of church bells. Damp weather aggravated the pain, which then became stitching, and shooting forward into the ear. *Crocus sativus* cured, in less than four months all the symptoms disappearing.

The next case was one of deafness, with tinnitus; there was also the complication of chronic throat trouble, suggesting a connection with the middle ear through the eustachian tube, of irritation of the mucous membrane. There was neuralgia up the back of the head, around the face and across the bridge of the nose. The tinnitus resembled singing or humming. *Crocus* was administered to this case in attenuations for about five months, when the patient was discharged completely cured, and hearing restored. This patient was forty-four years of age.

Another patient had been annoyed for years by a purulent discharge from the holes in her ears made for ear rings. A few doses of *crocus* cured.

Allowing one-half for exaggeration in the reports of these cases (see *Hahnemannian Medical Monthly*) there are suggestions at least which ought to be made avail of to further our knowledge in aural therapeutics,

NOTE.—The last number of the *Eclectic Health Journal* contains a well written biographical sketch of Prof. Alexander Wilder, Secretary of the National, which is worth reading by every one familiar with personnel of our national society. The article was written by R. A. Hasbrouck, M.D., editor.



### Medical Societies.

OAKLAND, CAL., June 26th, '94.

The Alameda County Eclectic Medical Association met at the rooms of the association 1065 Washington street.

Roll call. Those present were Drs. Campbell, Church, Fearn, Stetson, Stone, Turner, Van Kirk and Webster. Dr. E. J. Tucker of Golden Gate also was present.

Minutes of the previous meeting were read and approved.

The application for membership of Dr. E. J. Tucker of Golden Gate and of Dr. A. de Marconnay of Berkley, signed by Dr. H. T. Webster, was received and read. Upon vote of the society Drs. Tucker and de Marconnay were declared elected.

Dr. Fearn then read a paper on Home Grown Remedies, and plants were presented for inspection. Thuya was highly recommended by several for enuresis. It should be given in the small dose.

Dr. Stetson reported a case of stomach trouble which had been diagnosed by different physicians as chronic gastritis and cancer. Lavage daily was advised, using salicylate of soda or borax in the wash.

Dr. Mehrmann was appointed essayist for the next meeting. On motion the meeting was adjourned.

DR. L. STONE, Sec'y.

July 10th, 1894.

The Alameda County Eclectic Medical Association met at 1065 Washington street, with the President, Dr. Church, in the chair.

Roll call showed present Drs. Church, Derrick, Fearn, Sharp, Stark, Stetson, Stone and de Marconnay.

The minutes of the previous meeting were read and approved.

The essayist being absent volunteers were called for. Dr. Fearn responded by reporting a case of tumor of the





left breast presenting many symptoms of cancer. Pregnancy was suspected and the case was treated locally until time proved the diagnosis correct and a complete cure made. This brought up the subject of cancer which was then discussed at some length. For cancerous growths not amenable to operation strong galvanism—150 mp—was recommended.

Dr. Stetson reported his case of ulceration of the stomach as much improved under the treatment as advised. In addition he is giving a diet of scraped beef and pancreas. Vomiting has ceased and pain lessened.

Drs. Mehrmann and Sharp were appointed to prepare papers for the next regular meeting.

Motion was carried to adjourn.

DR. L. STONE, Sec'y.

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### The National Eclectic Medical Association.

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BY A. WILDER, M.D., Newark, New Jersey.

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The National Eclectic Medical Association held its annual meeting at Niagara Falls, beginning on the 19th of June. In the absence of the president and vice-presidents, Dr. William T. Bloyer of Ohio was elected president *pro tempore*. Dr. Lee H. Smith, of Buffalo, delivered the address of welcome, after which Dr. Wilder, the secretary, read the President's Annual Address. Dr. Albert Merrell, first vice-president, also read the following communication:

"With the World's Congress we should close one chapter and open a new one. I wish to see a revival of the belief that we, as an organized school, have a mission. My ideas may seem heterodox to some, but I cannot help it. Especially do I want to see Eclectic medicine organized as an *inclusive* system, and not as a mere medical sect. We have no *exclusive* medical dogma. We simply seek the truth in medicine and hate the damnable narrownesses, *ethical and*



*doctrinal*, of the schools. We insist on the right of *private judgment in the unproven*. We demand nothing except respect for the vital integrity as found in each patient, and a *cultivation of the intellect* that will secure the knowledge of the day. This, and the golden rule for our ethics, I think, is all that is necessary."

On motion of Dr. Henderson of Missouri, a committee was appointed to transmit a telegraphic message to the president expressing sympathy of members of the Association, their earnest wishes for his recovery from sickness, and regret at his inability to attend this meeting. The following reply was received:

"JOHNSTOWN, PENN., June 20.

"Please return my sincere thanks to the Association for its kindly remembrance and good wishes.

"B. L. YEAGLEY."

The committee on credentials consisted of Doctors R. L. Thomas of Ohio, H. Wohlgemuth of Illinois, and S. B. Munn of Connecticut. Credentials were received from societies in seventeen states, and the number of candidates favorably reported and elected was 156; several were omitted upon technical objection.

At the evening session the following committees were announced:

*On Affairs of Medical Colleges*, Drs. H. Wohlgemuth, H. H. Green, J. L. Scudder, E. Younkin, V. A. Baker.

A memorial was presented from the Eclectic Medical Society of Utah and referred, without first being read, to the committee on Affairs of Medical Colleges.

The memorial set forth that the Eclectic physicians of Utah had been treated unjustly by the Board of Medical Examiners, in disregard of their constitutional rights, for the avowed purpose of driving them out of the territory. They had thus been compelled to carry the matter to the highest court, and needing help now asked financial aid from the National Association.



The committee on Wednesday made the following report upon the subject:

*"Resolved, That this Committee on Medical Colleges recommend that the Utah Eclectic Medical Society comply with the existing law, providing that the law is one of equality, and that we most heartily oppose any sectional spirit that may be shown by that Board; and that we stand ready as an Association to offer any assistance in our power when any discrimination is shown against Eclectic physicians.*

*"Resolved, That this Committee on Medical Colleges recommend that a fund be provided by this Association for the defense of its members against unjust opposition or from State Boards of Health and Medical Examining laws. That this Committee be given power to expend said fund for the protection of members only when in the opinion of this Committee there has been unjust discrimination against Eclectic physicians; and we would recommend an assessment of one dollar per member for this specific purpose, if, in the opinion of the Executive Committee it becomes necessary during the ensuing year."*

The vote being taken, this report was duly accepted.

A resolution was also received from the Tennessee Eclectic Medical Society calling attention to the recommendation of a proprietary medicine of Dr. R. A. Gunn, and recommending summary action.

Dr. W. T. Geunwill presented the following resolutions which were adopted:

*"Whereas an All-wise Providence has removed from our ranks John Milton Scudder, therefore be it*

*"Resolved, That in the death of Dr. Scudder the Association has lost one who has ever taken active interest in all her deliberations, has always been careful of her good name and reputation, and whose wisdom and counsel have aided so largely in guiding the Association to its present usefulness.*

*"Resolved, That while our loss comes almost as a calamity, we bow in submission to the inevitable, and remember with*



thankful hearts the principles for which he worked, and which he saw introduced and practiced in our school."

The holding of lectures was duly begun on Tuesday. When the first one was called, Section A—on *Materia Medica and Therapeutics*—none of the appointed officers were present, and it was necessary to name others; Dr. C. M. Ewing, president, and Dr. W. R. Hayden of Massachusetts, acted as secretary.

Dr. Hayden read a paper on *Poisons as Medicines*, severely reprehending such procedures. Papers were also read from Dr. John Fearn of California, on *Our Materia Medica Then and Now*, and Dr. A. Wilder on *Botanic Medicine in Former Years*.

Section B, on *Materia Medica*, had a full quota of officers present, and papers in abundance. Dr. S. B. Munn, the Chairman, called it to order Tuesday evening, and delivered a discourse upon *Medicine*. Dr. V. A. Baker, the Secretary, read a paper on *Nervous Diseases of Children*, and Dr. Anna T. Nivison, the Vice-Chairman on *Water as a Remedy*.

On Wednesday the section met again to complete its work, Dr. Nivison presiding. Papers were read from Dr. Anna E. Park of New York, on *Diphtheritis*; Dr. H. L. Henderson on *Pneumonia and Consumption*; Dr. L. T. Branch on *Smallpox*; Dr. G. S. Smith of N. Y., on *Biliary Calculi*, and by Dr. J. W. Taylor upon *Diseases Prevalent in Utah*.

Section C, on *Otology, Ophthalmology, Mental and Nervous Diseases*—was called to order by Dr. W. Byrd Scudder the Chairman. Papers were read by Dr. J. A. Reid on *Differential Diagnosis of Epilepsy and Insanity*; Dr. M. A. Carriker on *Orificial Philosophy and Orificial Surgery*, and by Dr. Scudder upon *Chronic Suppuration of the Middle Ear*.

The meeting of the Association on Wednesday was called to order by Dr. J. C. Butcher; the journal having been duly approved, routine business was next transacted.

The Committee on Affairs of Medical Colleges reported a resolution recommending the forming of an Eclectic Med-



ical College Association to be composed of two delegates from each medical college recognized by the National Association. It also reported another to remove the Iowa Eclectic Medical College from the list of recognized colleges till it shall become duly reorganized.

Later, a third resolution recommended that the Eclectic Medical Department of Cotner University at Lincoln, Nebraska, be placed on the list of recognized colleges, on probation.

These resolutions were all adopted.

At the afternoon session on Wednesday, the acting president appointed Drs. W. F. Curryer, W. T. Geunwill and R. L. Thomas the Committee on Neurology.

The Committee on Grievances reported in favor of taking definite action in the case of Dr. Gunn, and directing the Tennessee Eclectic Medical Society to be present at the next annual meeting to sustain its charges.

The resolution after discussion was laid upon the table.

Section E was then held—*Surgery of the Pelvic Viscera and Genito-Urinary Orgnas*. The officers were promptly on hand, Dr. L. S. Russell, Chairman, and Dr. W. F. Curryer, Secretary. Dr. Chugh read a paper on *Neopalsms in the Female Urethra*, and Dr. Russell spoke at length upon various surgical procedures.

On Thursday morning after the reading and approving of the journal and transacting of routine business, Section F was called—*Physiology, Microscopy, Public Hygiene and Medical Jurisprudence*. No officers were present, and the papers presented were submitted without remark.

Section G, on *Surgery and Surgical Pathology*, was well represented, Dr. E. Yonkin, vice-chairman, presided, and Dr. Lee H. Smith the secretary was at his post. Among the papers read and considered was one on *Abscess of the Liver*, by Dr. G. W. King of New York, and another explaining various surgical procedures, by Dr. Smith.



The business next announced was the election of officers. The following were chosen:

Presedint - Vincent A. Baker, M.D., Adrian, Mich.  
1st Vice-Pres. - Cicero M. Ewing, M.D., Tyrone, Pa.  
2d Vice-Pres. Geo. W. Johnson, M.D., San Antonio, Tex.  
3d Vice-Pres. Malachi A. Carriker, M.D., Nebraska City, Neb.

Secretary - Alexander Wilder, M.D., Newark, N. J.  
Corresp. Secretary, John V. Struess, M.D., 103 State St., Chicago, Ill.

Treasurer - - Wm. T. Gemmill, M.D., Forest, Ohio.

The Association will meet at Waskesha, Wisconsin, on the third Tuesday of June, 1885.

### Hospital Notes.

BY LE SCALPEL.

#### FABIOLA HOSPITAL.

The gynecological surgery of Fabiola is of a high grade, and the operators, Drs. Ward and Soltenstal, are to be congratulated for the combined skill which renders their operations speedy and successful.

New operative methods are being constantly introduced, based upon vivisection experiments on rabbits. The ligatures in general use have, in this manner, been put to a thorough test and the technique of the various operative procedures has been much simplified. It may not be generally known that the rabbit affords an excellent opportunity for experimental abdominal sections as the lay of the intestines conforms in a marked degree to the human. Recent experiments by the doctors in intestinal anastomosing have proved successful and highly satisfactory.

#### **A Case of Laparotomy for Ovarian Cystomata.**

*Operation:*—An incision in linea alba 10 cm. in length below the umbilicus; walls vascular; peritoneum severed between tenacula; patient raised to Trendelenberg posture; retention stitches.



Left ovary brought into field of vision. One quarter of the ovary found in state of cystic degeneration. The tube cystic at the fimbriated extremity. Cyst evacuated. Union by fine catgut stitches. Ovary returned to abdominal cavity.

Right ovary brought into view. Found enlarged, entirely cystic with the tube adhering around its circumference. Removed.

Superior posterior portion of fundus uteri scarified. Silk worm suture passed through peritoneum and fascia of one side of abdominal wall at lower angle of incision then through scarified portion of uterus and up through abdominal wall on opposite side. Left *in situ* while two silkworm sutures are passed at lower angle of incision through all layers of tissue composing abdominal wall. Uterine stitches brought together and secured. Pelvis sponged with sterilized gauze.

Patient lowered; omentum brought down and spread over intestines. Wound closed by continuous peritoneal, deep interrupted, and superficial cutaneous stitches. Walls approximated by assistant placing the hands on either side of incision, bearing downward, forward and inward.

Wet dressing of carbolic acid and glycerine. Surgical packs. The whole held *in situ* by adhesive strips and T bandage.

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### Surgical Cases.

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CASE 1. Diagnosis, procidentia uteri of long standing.

Operator, Dr. D. Maclean; assistant operator, Dr. G. G. Gere; anæsthetist, Dr. M. H. Logan.

*Patient*—Anæsthetized; dorsal position; buttocks on rubber pad affording drainage to vessel below; knees braced apart; legs flexed on the abdomen; external genitals shaved and thoroughly cleansed with antiseptic solutions.

Operator on a chair facing the patient, assistant operator at his left side.

Instruments in antiseptic solutions on a table at the right



of operator and within his reach; irrigating fountain with rubber tube attached hanging at the left.

*Operation*—A retractor on either side held by assistants retracting the labia; cervix uteri seized by volsellum forceps; circular incision through mucous membrane and cellular tissue; traction with left hand continued; mucous membrane detached and pushed back by spud; dissection carefully pursued, partly by sharp pointed scissors and partly by spud; occasional sponging as needed; uterus entirely enucleated; wound and vagina thoroughly irrigated; circular stitch taken around the opening above vaginal vault and opening closed and drawn together as if by a puckering string; vagina packed with gauze.

There was but very little hemorrhage; patient rallied from the operation, and in less than three weeks left her bed; and is now, so far as the operation is concerned, entirely well.

CASE 2. Diagnosis, ovarian cyst.

Operator, Dr. D. Maclean; assistant operator, Dr. G. G. Gere.

*Patient*—Anæsthetized; dorsal position; incision about four inches made in the linea alba between umbilicus and pubes.

Incision being made the pearly glistening surface of cyst of left ovary is exposed; exploration for adhesions made by passing a sound around cyst; cyst found to be unilocular with no adhesions; trochar and canula plunged into cyst and cyst evacuated into vessel below; fluid dark brown and viscid; quantity, thirteen quarts.

Cyst emptied; pedicle ligated with silk ligatures; pedicle cut off and entire sac removed; cyst wall or sac when empty weighed three and one-half pounds; total weight of cyst thirty-six pounds.

Upon examination right ovary also showed cystic degeneration and was removed. Both ovaries and the cyst removed; abdominal cavity irrigated; peritoneum stitched



together by silk sutures, then abdominal wall by deeper and stronger sutures, and wound dressed.

Temperature after operation never above 100°-2° F.; patient made a rapid recovery, and in three weeks left for home feeling well, and with an abdomen of normal dimensions.  
H.

PHENACETINE AND SALOL IN CYSTITIS AND URETHRITIS. Cases of urethritis and cystitis are so difficult to cure that any remedy which promises to add to the physician's therapeutic resources in these conditions is deserving of careful consideration. In the times and register, May 12, 1894, Dr. J. W. Daniel, of Houston Texas, publishes the following formula which he has employed with excellent results in both the primary and more advanced stages of urethritis and in acute and chronic cystitis;

R

Salol	-	-	-	-	-	grs. 3.
Phenacetine	-	-	-	-	-	" 1.
Ext. Pichi	-	-	-	-	-	" 3.
Para Balsam	-	-	-	-	-	" 5.

"Phenacetine is added for its analgesic and antiphlogistic properties as well as for its well known antipyretic and anti-rheumatic effects. In the ordinary stages of cystitis and in gonorrhœa during the inflammatory stages of the disease the above combination has a charming effect.

In the administration of Salol and Phenacetine in gonorrhœal rheumatism, and by administering these well-known anti-rheumatic remedies in advance of its possible out-break avoid this very painful and many times obstinate condition. In Pichi we have an ever failing remedy for cystitis both in acute and chronic form."

Dr. Daniel states that in the above combination the irritant effects of Para Balsam on the stomach are not observed; but if the patient complains of tasting the balsam from eructations following its administration he advises the addition of one drop of the oil of cinnamon to the prescription.



LOSOPHAN IN SYCOSIS, cases of sycosis, especially those of the parasitic variety frequently tax all the therapeutic resources of the physician. The difficulty in treating this affection is due to the fact that the parasite, the trichophyton tonsurans, penetrates deeply into the hair follicles and cannot be effectively attacked by many of the dermal antiseptics in common use. To successfully destroy the organism the remedy selected must not only penetrate the skin readily, but must be powerfully antiseptic and devoid of irritating qualities. Losophan has been found to meet these indications both by American and European authorities. According to the careful experiments of Saalfeld it destroys cultures of the trichophyton in thirty seconds, and his clinical results in cases of parasitic sycosis were equally favorable. In a case reported by another author, in which the sycosis had existed for years and had resisted treatment by various dermatologists, excellent effects were obtained from the use of Losophan during a period of ten weeks. The treatment consisted in washing the affected skin with a solution in oil. In the employment of this remedy it is of especial importance that it should be *thoroughly dissolved* in oil and not simply mixed with fats. A solution of the strength of 10 per cent is sufficient for all ordinary purposes; but if much irritation exists a somewhat weaker solution should be employed.

#### **Bureau of Information.**

The State Medical Society has opened a "Bureau of Information" regarding locations desirable for physicians and surgeons. Any one knowing of good locations, or desiring to sell locations, or wishing competent assistants, should communicate with the secretary

Any advertised location in this JOURNAL that has been filled, please notify the secretary, that its publication may be withdrawn

The following locations have been sent in for publication:



COTTONWOOD, SHASTA CO.—It has been reported to this "Bureau" that there is an excellent opening for an Eclectic at the above town.

KNIGHTS FERRY—Twelve miles from Oakdale. No Eclectic in place. Good opening.

SAN FRANCISCO—Two thousand dollars will buy books and instruments worth \$1,000, furniture worth \$1,500, and the good-will of a good paying practice in the city of San Francisco. Office rent free. Reason for selling, ill health. Address, "DOCTOR," California Journal Co., 1420 Folsom st., San Francisco.

WANTED—By a middle aged, married Physician and Surgeon a partnership in a well established practice, or would buy the whole. Must bear investigation. Address, with full particulars and lowest terms, "SURGEON," care of California Medical Journal Office, San Francisco.

FOR SALE, or rent; my home and horse. Only physician and druggist in town. Nearest doctor fifteen miles away. Good R. R. prospects. Will sell everything. Good place for the right man with some money. Address "Physician and Druggist." Bieber Lassen Co. Cal.

BEST LOCATION in the state for a physician with some money. For particulars enquire of Calif. Drug Co. 1420 Folsom St. S.F.

WANTED—A position as substitute, or assistant to a busy general practitioner, or eye and ear specialist. Would accept position in a drug store. Good references. Address: National Medical Exchange, Eckhardt, Indiana.

A good opening in Inyo county. Present physician leaving on account of ill health and advancing years. Apply to John Fearn, M. D., P. O. Box No. 1, Oakland, Cal.

FOR SALE—in the country a Doctors location, consisting of a store and small stock of drugs, a new house with grounds, a horse, buggy, cart and a practice of from \$2500 to \$3000 a year. For particulars enquire of this JOURNAL.

FOR SALE—or to exchange for a home in the country, a city drug store, stock valued at \$1,200, and practice connected with the same, embracing position as Lodge physician to Foresters with drug contract for lodge. Also Physician to Society of the World, a splendid new order. Address, Physician and Druggist, 1401 Church St. San Francisco.

Also two good locations in the country for active workers. All letters addressed to the secretary of the "Bureau of Information of Locations" will be answered promptly

J. C. FARMER, M. D., Sec'y,  
921 Larkin St.  
San Francisco.



# THE CALIFORNIA MEDICAL JOURNAL.

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D. MACLEAN, M. D., M. E. VAN METER, M. D., C. N. MILLER, M. D.,

EDITORS.

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*Terms: \$1.50 per annum, In Advance.*

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The Editors disclaim any responsibility for the statements or opinions of contributors.

Expression is essential to growth. We cordially invite all Eclectic physicians who would keep abreast with the times to make frequent use of our columns.

To insure accuracy, employ the typewriter when possible. Otherwise prepare manuscript with care, re-writing when necessary; be kindly thoughtful of the Editor and compositor, and do your own drudgery--time is money.

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This JOURNAL will be issued on the first day of the month.

Let all communications be addressed, and money orders made payable to the CALIFORNIA MEDICAL JOURNAL, 1422 Folsom Street, San Francisco, California.

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## Editorial.

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### Our Journal.

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Owing to the stopping of the mails by the great strike the July issue of OUR JOURNAL was held at the office for nearly three weeks. From the crowding and irregularity of the service when again established, it is more than probable that many subscribers will fail to receive the July number. This is to be regretted as it is impossible to replace any that may have been lost. OUR JOURNAL is in good demand and every issue is exhausted at once. Let our readers bear in mind, however, that although unable to furnish



back numbers, future numbers of greater excellence are always to be expected. Each issue shall be filled with useful, practical matter, and in advice and council be as helpful as a partner.

In these days of hurry and bustle and cramming, there is danger of acquiring careless and mind-enfeebling habits of reading and of doing mental work. Steady, consecutive application becomes irksome, and we do not care to read any article unless we can see from the beginning to the end without turning a page. But many medical topics cannot be treated thus briefly, and while we like to have our contributors write in a terse and concise style, still we cheerfully give ample space to do themselves and the subject matter full justice. All the articles in OUR JOURNAL can be read with profit—will amply repay the busy physician for the time consumed, even though the writer may have filled ten pages.

We are glad to notice that our physicians are showing more interest in OUR JOURNAL. They are taking kindly to it in its endeavors to elevate our profession. Contributions and words of encouragement, and subscriptions are coming in more freely. This is as it should be. Let there be a broad, generous spirit of professional friendship among all Eclectics—a desire to assist each other, to the end that our School become united and fraternal in sentiment, and that power and influence be increased. Let individual grievances be forgotten, and peace and good will be sought by all. Let there be an enthusiastic willingness to stand shoulder to shoulder in our efforts to achieve for Eclecticism a place in the hearts of all our people. Remember, in this work we are not sowing for others to reap, the popularity of Eclecticism means an increased success for each Eclectic. Let each physician study, write and work for OUR JOURNAL, and he is not only helping OUR JOURNAL and his brother practitioner, but himself as well. Make OUR JOURNAL of such value as to be sought for by physicians of all schools—as it surely should be—and Eclecticism will have become established. It will pay all to assist in booming OUR JOURNAL.

M.



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**Letter to the Students of the California Medical College.**

SITKA, ALASKA, July 4th, 1894.

*My Dear Students:*

This is my first opportunity to tender you my heart-felt thanks for the tokens of your sympathy and friendship given me when leaving San Francisco. Rest assured they are appreciated to the fullest extent. Nothing could have been a more complete surprise; and you could have given me nothing that would have been more appropriate or more appreciated. The "field glasses" afforded me much pleasure and were in constant use during my trip thus far, and the "drinking cup" has been a constant companion, both while on ship and on land, as I carry it with me all the time. But my dear friends, it was the beautiful sentiments that accompanied them that touched my heart. While I have done all I could to help each of you, and always acted conscientiously in trying to do my whole duty as a teacher, I did not know or feel that I deserved such esteem from you, or so many and I believe *heart-felt* wishes for my welfare.

Allow me to again thank you for the beautiful and useful tokens. They will always be a reminder of your pleasant faces; and the thoughts of the good will prompting the gifts will ever be a green spot in my memory. With kindest regards for each of you, I remain your friend.

Very truly,

PROF. M. E. VAN METER.

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**"The Code Lives."**

In the July issue of the Woman's Medical Journal, Allopathic, the ladies editorially bow-string the "code" as follows:

"The minority report of the committee on the revision of the code was the one accepted by the recent convention which has just adjourned at San Francisco. This means that the code will not be revised, and we are to go on as we have been doing for the past score of years. That there is a feeling of unrest is stating the condition mildly, but the condition has not evidently been of sufficient growth to produce the desired result. Whether it is best to change the code and allow the practitioner more liberty, is, and must be a very important topic. Every medical association is wondering why they do not have a livelier access of mem-



bers, why the younger members of the profession do not flock to its doors. May not the answer to the query lie in the attitude of the societies toward the rules which govern them? To be hedged about by numerous rules and laws, many of them dead but not buried, is distasteful to many. Herein is the seat of the trouble. Men and women do not care to join societies whereby multitudinous rules are laid down.

"Because one differs from us in belief, may be a cause of censure, we may fondly believe ourselves impeccable. But are we? If we are, why not let the outcasts come and watch our beatification? It cannot hurt us and might do them some good. Just as surely as the forces are at work that will bring the coming season, in the same manner are the energies at work that will bring a revision of the code."

**CROWDED OUT.** The hundred students of the California Medical College will miss "College Notes" from the present issue, they having been crowded out by the full report of the National Eclectic Medical Association kindly spread before our readers by Dr. Wilder.

We are rejoiced to learn that Dr. J. R. Fearn of the C. M. C. class of '93, has finished his post graduate course at Cincinnati, and now has a position as assistant police surgeon of Canton, Ohio. We expect to continue to say great things of this rising young man.

An important new book just announced is "PRACTICAL URANALYSIS AND URINARY DIAGNOSIS." A manual for the use of practitioners and students, with numerous illustrations, including colored photo-engravings. By CHARLES W. PURDY, M.D., of Chicago, author of "Bright's Disease and Allied Affections of the Kidneys," "Diabetes: Its Causes, Symptoms and Treatment," etc. A one-volume practical and systematic work of about 350 crown-octavo pages, in two parts, subdivided into twelve sections and an appendix.

This is the first American work of a comprehensive character for more than a decade in this department of practical medical science, and it should meet with a cordial reception by the medical profession everywhere.

The well-known house of the F. A. Davis Company, 1914 and 1916 Cherry St., Philadelphia, will issue the work in September, 1894. The book will be first-class in quality of paper, presswork and binding, and the price most reasonable; namely, \$2.50, net, in extra cloth.



# ASEPSIN SOAP



## MEDICINAL USES OF ASEPSIN SOAP.

**FOR THE SKIN.**—The antiseptic qualities of Asepsin and Borate of Sodium make this soap desirable for the preservation of the dermal tissues, and to remove and prevent cutaneous blemishes. It is valuable for roughness of the skin, acne, comedones, milium, blotches, excessive greasiness of skin, for softening and preventing roughness and chapping of the hands. It corrects abnormalities of the sebaceous glands, thereby regulating the lubrication of the skin, and is further useful to repair dermal tissues when they have been subjected to the deleterious action of chalks and cosmetic lotions.

**CUTANEOUS DISEASES.**—For the following skin affections it may be used freely with marked benefit: Acne vulgaris et rosacæ, seborrhoea, eczematous eruption, herpes, psoriasis, prurigo, syphilitic eruptions, dermatitis, ulcerations, pruritic conditions, parasitic diseases, as scabies, for the relief of rhus poisoning, and for the removal of pediculi. A clean skin is necessary in any course of medication, and Asepsin Soap is a rational cleanser.

**IN SURGERY.**—The surgeon will find it valuable for cleansing the patient as well as the operator's hands, sponges and instruments. For its cleansing and antiseptic effects it may be employed in wounds of all kinds, chilblains, bed sores, ulceration, pustules, and for removing offensive and irritating discharges, and as a foot wash.

**IN GYNÆCOLOGY.**—It is useful in irritating and offensive discharges concomitant to diseases of females, giving rise to pruritic and inflammatory conditions. Leucorrhoea, simple vaginitis and vulvitis, ulcerations and pruritus vulvæ, are conditions in which it is particularly indicated.

**CONTAGIOUS DISEASES.**—In the exanthemata it should be employed to hasten desquamation thereby shortening the period of contagiousness and hastening convalescence.

At the time I received the Asepsin Soap, I was suffering intensely from pruritus ani, and had already tried with scarcely even temporary relief, all—nearly all—the standard remedies for this well-known ailment. I was well nigh crazed with the intolerable itching, pricking, sticking, gnawing, biting, burning pain. I had been nearly sleepless for several nights, and I was so busily engaged with my professional work all day long that it seemed to me that life was a burden, and I could get no rest at night. I frequently sprang from my bed, and ran wildly, crazily anywhere;—suicide would not be strange in anyone in such a condition.

*Your Asepsin Soap I used without faith, but with astonishing and almost immediate relief and ease.* I think I have never before recommended any special preparation, but nothing less than gratitude is due you for this benefit, and that gratitude I express most heartily now. I have delayed this letter many weeks, but I am still as thankful as ever, for my suffering was of a kind not to be forgotten,

PAUL T. BUTLER, M. D., Alamo, Michigan

## ASEPSIN SOAP IS NOW READY FOR THE MARKET.

PRICE, \$1.40 PER DOZEN.

For toilet purposes, a cake of ordinary soap of this size is sold for 25 cents. In order to introduce it, on receipt of 40 cents in postage stamps, we will, for a time send one-fourth dozen cakes by mail to any physician who has not previously purchased it. Send for a quarter dozen, and you will never employ or recommend any other soap, either for toilet or medicinal purposes. Ask your druggist to keep it in stock. Address

**LLOYD BROTHERS,  
CINCINNATI, OHIO.**



“And  
so  
shall  
starve  
with  
feeding.”

(CORIOLANUS.)

This is the plight of many an infant during the Summer months. It is over-fed, gastro-enteric disturbances arise, and it cannot retain or appropriate its nourishment and so it really starves with too much feeding. In such an emergency

#### LIQUID PEPTONOIDS

provides a fluid food which is always retained and absorbed, and one which furnishes nothing which can become a nidus for germ development, because it is thoroughly aseptic. If an active antiseptic remedy is also indicated

#### LIQUID PEPTONOIDS WITH CREOSOTE

will prove of the utmost service.

The Arlington Chemical Co.,

YONKERS, N. Y.